

**TYPE****LEVEL****APPLICATION FOR EMS TRAINING INSTITUTION**

Basic

Advanced

(EMT-I, EMT-P)

\_\_\_\_ Initial \_\_\_\_

\_\_\_\_ Renewal \_\_\_\_

Date of application (mo.,day,yr.)	Date of expiration (mo.,day,yr.)	Certification Number	County
Name of training institution			Business telephone number
Address of training institution (number and street, city, state, zip code)			
Name of training institution official		Title	
Name of person preparing application		Title	
Signature of training institution official		Signature of person preparing application	

**ALS AND BLS TRAINING INSTITUTION**

- A. Submit agreement(s) of affiliation with clinical and internship facilities.
- B. Provide evidence of effective ratio of supervisory personnel to students during clinical phases of the program.
- C. Provide evidence that you have liability insurance for all students.
- D. Submit curriculum requirements for each level of course you plan to teach.
- E. Describe how you provide adult education techniques to all affiliated instructors.
- F. Describe your procedures to evaluate all affiliated instructors.
- G. Describe the type of EMS courses conducted.

H. Submit a signed copy of the medical director approval form, listing your affiliated instructors.

I. Describe the in-course standards and criteria by which the instructor is to determine successful completion of the didactic and clinical portions of the course. Include the following:

1. Attendance requirements and absentee policies
2. Testing procedures
3. Number and scope of in-course tests
4. Didactic pass/fail grade average and criteria
5. Provision for make-up test and classes
6. Minimal age for enrollment
7. Policies for providing reasonable accommodations pursuant to the Americans with Disabilities Act
8. Describe your screening and evaluation process for acceptance into any certified training program

**ADDITIONAL ALS TRAINING INSTITUTION**  
**Intermediate and Paramedic**

A. Submit verification of student access to emergency patients for clinical phases of the course(s).

B. Submit written approval from administration and medical staff.

C. Describe your orientation to hospital personnel who will be directly involved in training or operation aspects of ALS.

D. Name and list qualification of your:

1. Medical Director
2. Program Coordinator
3. Instructional staff (include Perceptors)